

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10-754-817

FILING DATE

01-09-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	1					
5	1					
6	0					
7	0					
8	0					
9	0					
10	0					
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50						
TOTAL IND.	2					
TOTAL DEP.	9	↔	↔	↔		
TOTAL CLAIMS	11	[QR]	[QR]	[QR]	[QR]	[QR]

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]